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State of New Hampshire New Hampshire Board of Nursing Newsletter

Board Members

Gail Barba, Public Member
Term Expires 12/1/2003

Margaret Franckhauser, A.R.N.P.
Vice Chairperson
Term Expires 5/10/2003

Harley Featherston, Public Member
Term Expires 5/10/2003

Stanley J. Plodzick, Jr., R.N.,
Chairperson
Term Expires 5/10/2004

Karen Baranowski, R.N.
Term Expires 6/21/2004

Mary Lou Asbell, R.N.
Term Expires 5/14/2003

Tricia Duff, L.P.N.
Term Expires 5/10/2003

Linda L. Compton, R.N.
Term Expires 5/10/2004

Constance Theberge, L.P.N.
Term Expires 11/16/2003

Office Staff

Cynthia Gray, M.B.A., B.S.(n), R.N.
Executive Director

JoAnn Allison, M.S., R.N.
Assistant Director, Nursing Education

Margaret Walker, M.B.A., B.S.(n), R.N.
Program Specialist IV

M. Lee Leppanen, M.N., B.S.N., J.D.
Investigator, Prosecutor

Kathryn Dickson
Executive Secretary

Susan Goodness
Administrative Assistant

Kim Cicchetto
Executive Secretary

Sheila Stolte
Senior Accounting Technician

Carol Coulsey
Secretary II

Susan D. Isabelle
Secretary II

Debbie Emerson
Secretary II

Kathryn Crumb
Secretary II

Debbie Hoos
Secretary II

JoAnn Seaward
Secretary I (PT)

Robin Leclerc
Secretary I (PT)

FEATURES this issue:

- Board Highlights
- Important Notice
- Message from the Chair
- Point of Interest
- Notes from the Executive Director
- Annual Report: 2001

NEED INFORMATION

24 HOUR, 7 DAY-A-WEEK SERVICES

Dial: 603-271-6599

PRESS 1:

To verify a nursing license.

PRESS 2:

To verify a nursing assistant license.

PRESS 3:

For the Board of Nursing mailing address, telephone number and directions to the Board office.

PRESS 4:

For the Bulletin Board.

- Notices, Announcements and General Information.
- Office hours.

PRESS 5:

Overview of the licensing by examination (NCLEX) application process.

PRESS 6:

For information about the status of an application filed with the Board.

OR

FOR DOCUMENTS AND FORMS:

Dial: (603) 271-4969 "Fax On Demand"

OR

CONNECT TO THE INTERNET <http://www.state.nh.us/nursing/>

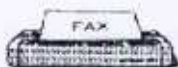
For other information call the Board during scheduled office hours. DIAL: 603-271-2323 or 603-271-6282

OFFICE HOURS

The office is open Monday through Friday
8:00 A.M. to 4:00 P.M. Eastern Standard Time
(except for designated holidays.)

Temporary license applications, R.N., L.P.N.,
and A.R.N.P. are accepted between
9:00 A.M. and 3:00 P.M.

NOTE: A temporary license will be mailed after review of the application. A temporary license is valid for 180 days or until NCLEX or certification examination results are received, a permanent license issued or Board action. The temporary license also becomes invalid when the application for permanent licensure expires.



HOLIDAYS OBSERVED 2001 - 2002

*November 11, 2001	December 25, 2001
November 22, 2001	January 1, 2002
November 23, 2001	January 15, 2002
February 22, 2002	

*Whereas Veterans Day, the calendar holiday falls on a Sunday November 11, 2001, State offices will be closed on Monday November 12, 2001.

Note: The Board Office will close at 3:00 PM on December 24, 2001

DATES TO REMEMBER

Board of Nursing Meetings

(The third Thursday of each month)

November 15, 2001	February 21, 2002
December 20, 2001	March 21, 2001
January 17, 2002	April 18, 2001

Open Forum is the time on the Board agenda for direct communication with the Board. Individuals seeking to address the Board should contact: Cynthia Gray, M.B.A., B.S.(n), R.N., Executive Director, at least two weeks before the scheduled meeting time for specific information and guidelines.

COMMITTEE MEETINGS

Liaison Committee

(The fourth Thursday of each month as needed)

The Committee meets to review those applications of question forwarded by the Boards' professional staff. Committee recommendations are forwarded to the Board for consideration and final action. The committee agenda is finalized 10 days before the scheduled meeting. Only completed applications are reviewed.

Practice & Education Committee

Meetings are set as needed. Please contact the Board Office for the next scheduled date. See page 4 for more information.

Joint Health Council

December 3, 2001

The scheduled meeting date, agenda and approved minutes are posted on the Board Web Page.

**All meetings are open to the public, and are held at
78 Regional Drive, Concord, New Hampshire**

BOARD ACTIVITIES

Message from the Board Chair

...**Stanley J. Plodzik Jr., R.N.**

One of the real challenges in writing a report twice a year is to realize how much really happens in the course of six months, and one can only envy those who get the opportunity to communicate on a monthly or even a weekly basis in this ever changing world! So please bear with me as I attempt to bring you up-to-date on the noteworthy events since our Spring Newsletter.

Let me begin by expressing, on behalf of all the Board and staff, our heartfelt condolences and sympathy to all that knew someone involved in the terrible national catastrophe of September 11th. How quickly our daily lives have been changed when the very foundation of our country, FREEDOM and SECURITY, have been challenged! This event certainly excluded none of us. We all feel outrage and abomination of the loss of so many innocent lives. On the other hand, the outpouring of generosity of thousands of nurses and other healthcare professionals and volunteers willing to assist: donating money, giving blood, housing and feeding rescuers, is truly what makes each of us so extremely proud to be an American. Indeed, we recognize our blessings in this time of great adversity, and we will indeed overcome and win these attacks upon our great nation!

GOD BLESS AMERICA

In July, Governor Shaheen signed into law HB 408, the revision to our Nurse Practice Act. Special thanks go to Representative Alida Millham, the primary sponsor of this legislation, along with Representatives Kathleen Taylor, Phyllis Katsakiores, Larry Elliott, and Janeen Dalrymple. Thank you also to Senators Katie Wheeler, Caroline McCarley, and Burt Cohen who were all invaluable in helping us through the legislative maze. Additional thanks go out to the Government Affairs Committee of NH Nurses' Association, representatives of the Division of Health and Human Services, as well as the NH Nursing Summit Task Force members, for their strong support and advice as we worked through the language of this revision. Highlights of this new legislation include the following:

- contemporized various definitions in the law; provided language allowing R.N.s and L.P.N.s. to "delegate selected tasks to a licensed or unlicensed individual at the discretion of the licensed nurse, as well as addressing the limitations and liability for delegation";
- added two additional members to the current 9 member Board, two licensed nursing assistants (L.N.A.s) - formerly known as C.N.A.s. NH is one of the six (6) states that license nursing assistants. These new members will represent over 10,000 L.N.A.s. - indeed significant providers of nursing care to our citizens in New Hampshire;
- allows up to three (3), three (3) year terms for appointed Board members. Currently it was two (2);
- clarified and updated a number of licensure processes to simplify the operations of the Board; and
- allows for the Board to have approved educational programs for L.N.A.s to administer medications under certain circumstances.

Since the enactment into law, the Board took on the ominous task of revising all of the Administrative Rules (Rules) that must accompany the law changes. A very successful one-day public working session in early August provided valuable input into this Rule revision process. The work of Rule revision continues to move forward and the recommended Rules changes will soon be submitted to the Joint Legislative Committee on Administrative Rules (JLCAR). This JLCAR process includes a final public hearing and subsequent legislative committee review, so that any and all interested parties can formally respond to the recommended changes. The system for final approval for rule making although not easy, is designed for public input and careful consideration before final implementation. A late fall completion date is the goal with implementation planned for early 2002.

Proposed Rule changes directly affecting licensure are firstly, a reduction in the active in practice requirements from the current 900 to 400 hours in four (4) years immediately prior to the application date. This will hopefully keep many of the semi-retired or potentially inactive nurses active in practice. Secondly, a revision to the continuing education requirement, all 30 contact hours of continuing education can be obtained without attending formal educational sessions. This change allows for study using today's technology. Currently only 15 contact hours of the 30 contact hours can be done through independent home study and the balance has to be in an organized educational setting.

There are over 250 pages of Rule revision. Highlights of proposed changes were published in the Spring newsletter. Public hearing notices and updates will continue to be posted on the Board's website. So stay tuned! The Board welcomes any and all input from licensees and the public we serve, so watch for the hearing date on these final proposed changes. (See Notice on Page 3)

One final note of importance, in July, the members of the Board retreated for a working session to consider a Board Mission and Philosophy Statement. We were assisted in the activity by a renowned national leader, Dr. Carrie Lenburg, who gave us a great deal of insight into our ever present challenge of delivering competent, quality nursing care to the citizens of New Hampshire. This was a very productive and insightful day for us all. We recognized the diversity of our nursing profession and demands placed upon us as a "practice" profession by societal and the changing health care needs of consumers. In all, I feel we are positioned well to move forward in facing these challenges. Board members and staff are truly dedicated to achieving our mission and philosophy. I feel justifiably proud of the work and the outcomes of this fine group of both professionals and public members.

Speaking of professionals, I want to extend a sincere thank you to our new Executive Director, Cynthia Gray, who has already served one year in this challenging and vital position. I'm sure anyone who has had the opportunity to meet and work with Cynthia over the course of her first year will agree that the Board made a great decision in hiring her and wish her continued success!

In closing, by the time you receive this Newsletter, the wondrous Holiday Season will once again soon be upon us. On behalf of all of the Board and Staff, we wish each of you and your families, the warmest of holiday greetings and wishes for a healthy, prosperous and peaceful 2002.

BOARD ACTIVITIES

- continued -

Board Activities

April 1,2001 - September 30,2001

The regulatory authority and structure of the Board of Nursing is established by law, RSA 326-B. The purpose of the Board is to safeguard life, health and the public welfare of the people of the state and to protect the people of the state of New Hampshire from the unauthorized, unqualified, improper application of services by individuals in the practice of nursing (RSA 326-B:1). The powers and duties of the Board are outlined in RSA 326-B:4. Following is an overview of the Board's activities.

- Ongoing Administrative Rule Review.
- Public Hearing: Work Session: August 2,2001
- Reviewed applications for licensure:
- **NCLEX-PN Examination: Comparable Education.** Denied application noting initial failure of the examination by comparable education confirms that the education was not comparable. Recommended completion of a formal educational program.
- **NCLEX-RN Examination.** Noted applicant completed all nursing requirements and that official documentation verifies compliance with Nur 614.03. Application approved.
- Reinstatement:
 - Denied until repeated completion of a basic-entry level nursing educational program
 - Denied until successful completion of a structured refresher course.
- Finalized planning: Day of Discussion: 2001
- Reviewed Agreement: Board of Nursing & Office of Long-Term Care Ombudsman :June 21,2001
- Scheduled Board retreat: July 19,2001
- NHCTC: Claremont-Nashua Approved Satellite Campus: Dartmouth Hitchcock Medical Center, Lebanon, NH; Southern NH Medical Center, Nashua NH.
- Denied request for one-time curricular modification: NHCTC: Manchester
- Acknowledged Board member appointments:
 - Karen Baranowski, DN.Sc, R.N: newly appointed,
 - Gail Barba, Public Member, Tricia Duff, L.P.N., Constance Theberge, L.P.N., Margaret Franckhauser, A.R.N.P., Stanley J. Plodzick, R.N., Mary Lou Asbell, R.N., Linda Compton, R.N: reappointed.

EDUCATIONAL PROGRAMS: APPROVAL STATUS:

(*WITH RECOMMENDATIONS)

LICENSED NURSING ASSISTANT:

Program	Coordinator	Outcome
April 19,2001		
American Red Cross: NH West Chapter Keene NH	Marcia LeClair, R.N	Continued Approval
Laurel Center: Genesis Eldercare Bedford NH	Mary Kennedy, R.N.	Continued Approval

LICENSED NURSING ASSISTANT (continued)

Program	Coordinator	Outcome
April 19,2001		
NHCTC: Berlin-Laonia Laonia NH	Juliette Y. Traiger, R.N Approval	Continued
Seacoast Healthcare, Hampton NH	Eileen Piet, R.N.	Discontinued Future Programs
Partridge House Hampton NH	Eileen Piet, R.N.	Initial Approval
May 17,2001		
American Red Cross: NH West Chapter Keene NH	Marcia LeClair, R.N Train the Trainer Program	Initial Approval
Bel-Air Nursing Home Goffstown NH		Discontinue Future Programs
Belknap Country Nursing Home Laonia NH	Kate Coyne, R.N.	Continued Approval
August 16,2001		
Edgewood Center Portsmouth NH	Miriam Pelletier, R.N.	Continued Approval
St. Joseph School of Health Occupations: Nashua NH	Pamela Wetmore, R.N.	Continued Approval
Riverside Rest Home Dover NH	Diane Vashey, R.N.	Continued Approval
Dover Adult Learning Center Dover NH	Kathleen Clarke. R.N.	Continued Approval
Quality Care Partners Manchester NH	Patricia Chandler, R.N.	Continued Approval
VNA of VT:NH White River Junction VT	Linda Cullen. R.N.	Continued Approval
Northeast Rehabilitation Hospital Salem NH	Marie Sullivan. R.N.	Continued Approval
Personal Touch Home Aides Deny NH	Maria Medbury, R.N.	Initial Approval
Integrated Health Services Deny NH	Susan Hamilton, R.N.	Initial Approval
September 20,2001		
Med Pro Educational Services Merrimack NH	Shelly Ling. R.N. Pamela Heggelund	Continued Approval
R.W. Creteau Regional Vocational Center Rochester NH	Sharon Lewis. R.N.	Continued Approval

EDUCATIONAL PROGRAMS: APPROVAL STATUS:
 (*WITH RECOMMENDATIONS)

LICENSED NURSING ASSISTANT

Program	Coordinator	Outcome
• Cheshire County Nursing Home Westmoreland NH	Margo Banks, R.N.	Continued Approval
• Aspire Educational Services Tilton NH	Melanie Hill, R.N. Bonnie McPhail, R.N.	Continued Approval
• Alvirne High School Hudson NH	Joanne Montenero, R.N.	Continued Approval
• Merrimack County Nursing Home Boscawem NH	Stacey Bardellini, R.N.	Initial Approval

ENTRY LEVEL PROGRAM: REGISTERED NURSE

Program	Chair/Director	Action
May 17, 2001		
• Saint Anselm College Manchester NH	Joyce Barker, D.P.H., R.N.	*Continued Approval
• Rivier-St. Joseph School of Nursing Nashua NH	Karen Baranowski, DN. Sc., R.N. Reviewed Collaborative Agreement:	Continued Approval

REENTRY: STRUCTURED REFRESHER COURSE: REGISTERED NURSE

Program	Coordinator	Outcome
April 19, 2001		
• NECO Nashua NH	Judith Haywood, Ph.D., R.N.	Continued Approval
August 8, 2001		
• Dartmouth-Hitchcock Center: Lebanon NH	Irene Bise, M.S.N., R.N.	Continued Medical Approval
September 20, 2001		
• NH Technical Institute Concord NH	Louise Smith, M.A., R.N.	Continued Approval

NURSE EXTERN PROGRAM: REGISTERED NURSE

Program	Coordinator	Outcome
April 19, 2001		
• Androscoggin Valley Hospital Berlin NH	Claudette Momeau, B.S.N., R.N.	Initial Approval
• Southern New Hampshire Medical Center Nashua NH	Brenda Shurtleff, M.S.N., R.N.	Initial Approval
• Catholic Medical Center Manchester NH	Lucille Mulla, MN, RN,	Initial Approval

BOARD NOTICE

Proposed Administrative Rule revisits: Hearing Notice.

Public Hearing notices will be posted on the Board's webpage and published in the Union Leader.

• **New Service: Effective January 1, 2002 On-line Verification Center**

This new service available through the Board's web page will provide the same license and application status information currently available through the Board's telephone Verification Service.

As with the telephone system, the information at this site is available twenty-four hours a day, seven days of the week and is updated daily. On-line verification allows for an unofficial printout of the information displayed. Check out this new service at <http://www.state.nh.us/nursing1>

• **Licensing Fee Change: Licensed Nursing Assistant**

Effective July 1, 2002 all Nursing Assistants will be required to pay the \$20.00 licensure fee at the time of application: initial, renewal, and reinstatement. There will no longer be an exemption for those nursing assistants employed in New Hampshire long term care facilities regulated by federal legislation.

• **Licensure & Postal Services**

All license renewal applications are mailed at least 45 days before the month of expiration. For example, renewal applications for those licenses with December expiration dates were mailed in October and licenses with January expiration dates were mailed in early November.

Avoid Delays: Please plan ahead and consider any possible postal service delays, return your completed renewal application form and fees promptly. To avoid delays, a lapse of your license or possible fines, be sure that you complete the form correctly, attach the correct fees and notify the Board of any name or address changes.

BOARD ACTIVITIES

-continued -

Practice and Education Committee (P&E):

Purpose and Process

The Board reviews questions received regarding nursing and nursing related activities and educational issues. Some items have clear cut answers but some require in-depth review and literature support for a more educated response. When the latter happens, the Board refers the question(s) to the P&E Committee. After the committee has completed their work of review they submit recommendations to the Board at their monthly meeting for approval, disapproval or alterations. These decisions are then published and will soon be available as FAQs sheets on the BON web-site. It is the Board's intent that this will be more user friendly for the nursing profession and other interested stakeholders.

The Committee consists of "standing" members, individuals from various settings with varying credentials and areas of expertise. There is also an on-call list of experts who provide committee consultation as requested. Currently, there is a vacancy for an A.R.N.P. on the Committee. If you wish to participate please call Margaret Walker at 271-6282

Frequently Asked Questions (FAQs)

Formerly called Questions to the Board.

Correction:

Question: Is the collection of blood samples as ordered for DNA testing of a convicted sexual offender a violation of nursing ethics?

The Board of Nursing apologizes for the Spring Newsletter typographical error regarding the DNA issue and potential ethics violation. The answer should have said:

Answer: No, it is not a violation of licensure to collect blood samples for court-ordered DNA testing of convicted sexual offenders. There is also no violation to Nur 501: Ethical Standards. Furthermore, ethical issues may be situational and the weight of nursing ethics are often times different from one person to another. If the nurse has an established relationship with a patient and the nurse believes that performing a procedure on this patient will weaken the nurse/patient relationship, it is appropriate for the nurse to use nursing judgement to determine whether another nurse should perform the procedure. Although present Chapter 500 rules address ethics issues, you will see more specific language in the proposed rules presently under JLCAR review.

Question: What is the role of the R.N., L.P.N. in the administration of anesthetics?

Answer: Nursing Personnel are **not** allowed to administer anesthesia except under the exceptions noted. However, they **are** expected to participate in providing analgesia for the comfort of their clients.

Analgesia is the alleviation of the sensation of pain. Anesthesia is the abolition of pain perception by interrupting the nerve impulses going to the brain. The administration of anesthesia is solely within the purview of the anesthesia department, the exception being intradermal administration of an anesthetic agent.

- **Intradermal lidocaine or EMLA cream** can be administered prior to the insertion of IVs which include PICC lines, obtaining ABGs and prior to accessing implantable ports. Physician order or institutional policy is needed for the use of lidocaine/EMLA cream and for accessing ports. Lidocaine wheal, prior to insertion, is within the clinical judgement of the licensed nurse following institutional policy.
- **Subcutaneous lidocaine** such as posed in the question: "Is it within the scope of practice to inject dilute solutions of Lidocaine, Sodium Bicarbonate, Triamcinolone, and Epi in 0.9% normal saline into the subcutaneous tissue of patients undergoing liposuction." It is only within the scope of practice of a C.R.N.A.
- **Lidocaine and suturing:** Suturing and the issue of local anesthetics commonly raises questions, specifically who can do what and where. Nurses educated to perform subcutaneous suturing under Nur **305.01** (c) & (d) is allowed. Suturing arteries is allowable for R.N.F.A.s only. Facility credentialing is tantamount for the initiation of these procedures.
- **Rocaphin and 1% Lidocaine:** Lidocaine 1% may be added to Rocaphin with a physician order +/or with institutional policy
- **Epidural anesthesia:** Licensed nurses may remove epidural catheters provided Nur **305.01** (c) & (d) is followed. The R.N. may adjust the rate for the patient in order to decrease or increase medication pursuant to Nur **305.01** and may change the cartridge. Licensed nurses may bolus only within the preset parameters prescribed for patient self administration use. Bolusing or re-injecting epidural anesthesia is not allowable and this practice is limited to institutionally credentialed anesthesia personnel with strict parameters for its safe use.
- **Regional anesthesia e.g.** shoulder block is strictly under the purview of the anesthesia department.

The Practice and Education has attempted to clarify issues surrounding these questions and will make every attempt to form an answer that can be utilized in the many practice settings found in the State of New Hampshire.

Day of Discussion: **2001**

.... Mary Lou Asbell, Board Member

This year's program title, "We're not in Kansas Anymore Toto" highlighted the feelings of today's nurses faced with being in the middle of a storm right now. There are a host of issues related to the nursing shortage and practice. Attendance was tremendous with 400 participants enrolled and 100 turned away because of space limitations. The Board was very heartened by the response and apologizes to those unable to be registered. We were especially proud to introduce the many Certified Nurse Assistants who joined us on National C.N.A. Recognition Day.

Speakers for the day included Lisa McGunnigle, R.N., Esq. who addressed staffing supply and demand, and Mary Brunnell, R.N. who addressed a few of the many innovative retention techniques currently being used by health care providers all over NH. Lenny Parker, R.Ph. discussed the *Institute of Medicine Report* on medication errors and to address one of the possible side effects of staffing shortages. An overview of his presentation follows this article.

BOARD ACTIVITIES

- continued -

Representatives of the NH Nursing Summit Group presented the goals and progress of that group. Board Members and staff participated in a panel discussion and audience exchange about current practice issues: delegation, staffing, the revised Nurse Practice Act and current Administrative Rules. The day ended with a mock hearing, which gave the audience an overview of the adjudicatory process, and the law and guidelines the Board must follow when deciding disciplinary actions.

Challenges of the day included room temperature and the famous "box lunch" both of which provided an opportunity for improvement next year! Plans are well underway for the Day of Discussion: 2002. June 5, 2002 is the scheduled date, so mark your calendars and watch the Board's web page for updates (www.state.nh.us/nursing/). The program will focus on the future for nursing and nursing trends. Tim Porter-O'Grady, R.N., will be the featured speaker. Tim has lectured extensively throughout the world and is a contributing author in many nursing journals and recognized for his futuristic views.

We again **look** forward to presenting a well-balanced program of interest to many nurses and nurse assistants in NH. Most importantly, The Day of Discussion is an opportunity to connect with nursing colleagues from a variety of practice setting: Community, long term care, hospital, school, office, education. It's a networking opportunity that the Board values and hopes that it is worthwhile for you as well.

Institute of Medicine Report (IOM)...

....Presentation Excerpts, Lenny Parker, R.Ph.

Recent studies show that Adverse Events (Events) are a reality among hospitalized patients. Compared to the total number of U.S. hospital admissions, **33.6** million per year, the studies indicate that only a small number of these; 8.8% (Colorado/Utah study); 13.6% (New York study) events result in death. These numbers are slightly more than the deaths resulting from motor vehicle accidents, breast cancer or AIDS. Medication errors cause **19.6%** of all Adverse Events and result in approximately seven thousand deaths per year.

The goal of the IOM report is "To break the silence and cycle of inaction surrounding the issue." The message is that the status quo is no longer acceptable. A comprehensive approach to improving patient safety is needed and that a **50%** reduction in Adverse Events can be realized in five years with concerted efforts. "The focus must shift from blaming individuals to a focus on preventing future errors by designing safety into the system." Recommendations of the IOM report include:

- Establishing a national focus to create leadership, research, tools and protocols to enhance the knowledge base about safety.
- Identifying and learning from errors through the immediate and strong mandatory reporting efforts, as well as the encouragement of voluntary efforts.

- Raising standards and expectations for improvements through the actions of oversight organizations, group purchasers, and professional groups.
- Creating safety systems inside health care organizations through the implementation of safe practices at the delivery level.
- Providing LEADERSHIP AND KNOWLEDGE:
 - Congress should create a Center for Patient Safety within the Agency for Healthcare Policy and Research. This agency should:
 - Set the national goals for patient safety
 - Track progress in meeting these goals
 - Issue an annual report
 - Develop a knowledge and understanding of errors in healthcare by:
 - Developing a research agenda
 - Funding centers of excellence
 - Evaluating methods for identifying and preventing errors
 - Funding dissemination and communication activities to improve patient safety
 - Identifying and learning ~~from~~ errors
 - Develop a mandatory nationwide reporting system that provides for the collection of standardized information by state governments about Adverse Events that result in death or serious harm:
 - Designate the Forum for Health Care Quality Measurement and Reporting as the entity responsible for maintaining a core set of standards to be used by the states.
 - Designate the Center for Patient Safety to convene states to share information and expertise and receive and analyze aggregate reports.
 - Congress should pass legislation to extend peer review protection to data related to patient safety and quality improvement that are collected and analyzed by Healthcare organizations for internal use **or** shared with others solely for the purpose of improving safety and quality.
 - Setting Performance Standards and Expectations for Safety. Performance standards and expectations for Healthcare organizations and Health care professionals should focus on patient safety.
 - Regulators and accreditation bodies should require organizations **to** implement meaningful patient safety programs.
 - Public and private purchasers of healthcare should provide incentives to demonstrate continuous improvement in patient safety.

BOARD ACTIVITIES

- continued -

- Licensing bodies should:
 - Implement periodic re-examination and relicensing of professionals based on both competence and knowledge of safety practices
 - Work with certifying and Credentialing organizations to develop effective methods to identify unsafe providers and take actions.
 - The FDA should increase attention to the safe use of drugs through the following actions:
- Develop and enforce standards for the design of drug packaging and labeling that will maximize safety.
- Require companies to test proposed drug names to identify sound alike and look alike medications.

WHAT CAN WE DO?

1. Embrace technology but realize it is not fool proof.
2. Work together and stop the blame game.
3. Create a work environment that will result in appropriate staffing.
4. Be honest.
5. Share successes with others.
6. Lose the competitive nature.
7. Realize that you can make a difference.

POINT OF INTEREST

MEDICATION SAFETY

....Sandra McBournie, BS, RN.

"Medication Safety" is something we nurses have heard more about in the last couple of years than we did in the decade or *two* preceding it. The subject is now in the local, regional, and national news on a daily basis. So what is all the buzz about and why do we raise all of these questions now?

These questions were easily raised for me personally, when I discovered that I was responsible for administering a medication in error that resulted in a patient's demise. I needed to know "how could this happen," and "how can we prevent it from happening to someone else."

I found that the answers to those questions lie in the medication safety programs that are now being implemented in hospitals around the country, including the rural community hospital I currently work in.

These initiatives look at the delivery system within hospitals and critique that system for possible failures. In other words, "how easily does the system allow the health care worker to make a mistake."

This is a complete cultural change in the way we have traditionally regarded medication errors. It looks at the entire process from the time the medication is ordered by the physician, then dispensed by pharmacy, to when it is given by the nurse.

This isn't to declare that the nurse is not ultimately responsible. What it does propose is that health care workers are all collectively responsible for taking a part in ensuring that the patients are safe.

"Patient Safety" is the ultimate goal, that makes this innovative change in thinking conceivable. There is an understanding that human error is always a possible factor and, therefore, we need to create a delivery system that deters errors.

That delivery system may include some of the following: redundant checks of medication orders, paying attention to similar medication labels or names and how they are stocked, physician order entry, and daily nursing chart checks, just to name a few.

The other major issue to be concerned with is how medication errors that do occur are handled. Creating a non-punitive approach to error reporting is of vital importance. This is where the real cultural change in thinking takes place. It encourages the nurse to communicate the details regarding how the error occurred so that failures in the system may be identified.

Traditionally, nurses are afraid to report errors because it may reflect on their record or their reputation as a care giver. The majority of errors that were reported were those that caused the patient some untoward effect and therefore, had to be discussed with the physician, and ultimately the nurse supervisor.

It is now understood that there are very few medication errors that fall into this category, and we therefore, have been disregarding a systems review on a vast majority of errors. With such a lack of communication existing there is no way to discover how errors can occur and therefore, no way to change the process to decrease the likelihood of the more serious medication error.

In creating a non-punitive, voluntary-medication-error-reporting system, a hospital can use the reports as a tool to help critique the system for any weaknesses that could lead to medication errors. It changes the focus completely from, "what will happen to me if I report this error?", to "what will happen to the next patient if I don't communicate this error?" Once again we realize that it is patient safety as opposed to nursing performance that is the real focus here.

This comes from an understanding that poor nursing performance does not account for the majority of the medication errors that affect patients. Most importantly it creates an understanding that fosters open communication between all hospital disciplines that affect patient outcomes.

If you would like further information regarding medication safety and its importance in the health care field today, I suggest contacting "The Institute For Safe Medication practice." They are a national nonprofit organization. You can reach them on the web at www.ismp.org or by telephone at 1-800-failsafe.

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BOARD ACTIVITIES - ANNUAL REPORT -

RSA 326-B:4 XIV. Establish and collect fees, under rules adopted by the board pursuant to RSA 541-A, relative to applicants seeking any type of license issued by the board under this chapter, including fees for applications for temporary licenses, reinstatement of inactive licenses, license by examinations, and renewal of licenses, as well as fees for verifying license status, program graduation, or computerized lists.

(Note: L.N.A. was previously reported as N.A.)

LICENSING FEES OVERVIEW

Note: Licensing fees support approximately 75% of the Board's budget.

Key: DNA = Does Not Apply UNC= Unchanged
1994 **1998** 1999 2000 2001

APPLICATION FEES

• Licensure by Endorsement

• R.N.	\$60.00	\$70.00	UNC	UNC	UNC
• L.P.N.	\$60.00	\$70.00	UNC	UNC	UNC
• L.N.A.	\$30.00	\$20.00	UNC	UNC	UNC

• Initial Licensure

• R.N.	\$60.00	\$80.00	UNC	UNC	UNC
• L.P.N.	\$60.00	\$80.00	UNC	UNC	UNC
• A.R.N.P.	\$75.00	\$100.00	UNC	UNC	UNC

• Licensure By Competency Evaluation

• R.N.	\$25.00	\$20.00	UNC	UNC	UNC
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• Temporary Licensure

• R.N.	\$20.00	\$20.00	UNC	UNC	UNC
• L.P.N.	\$20.00	\$20.00	UNC	UNC	UNC
• A.R.N.P.	\$50.00	\$20.00	\$20.00	UNC	UNC

(ARNP NEW GRADUATES ONLY)

LICENSE MAINTENANCE

• License Renewal (Biennial)

• R.N.	\$50.00	\$60.00	UNC	UNC	UNC
• L.P.N.	\$50.00	\$60.00	UNC	UNC	UNC
• A.R.N.P.	\$75.00	\$100.00	UNC	UNC	UNC
• L.N.A.	\$20.00	\$20.00	UNC	UNC	UNC

• License Reinstatement

• R.N.	\$90.00	\$70.00	UNC	UNC	UNC
• L.P.N.	\$90.00	\$70.00	UNC	UNC	UNC
• A.R.N.P.	\$75.00	\$100.00	UNC	UNC	UNC
• L.N.A.	DNA	\$20.00	UNC	UNC	UNC

• License Verifications

• R.N.	\$25.00	\$25.00	UNC	UNC	UNC
• L.P.N.	\$25.00	\$25.00	UNC	UNC	UNC
• A.R.N.P.	\$25.00	\$25.00	UNC	UNC	UNC
• L.N.A.	DNA	DNA	DNA	\$20.00	UNC

• Duplicate License (Pocket Card Copy)

• R.N.	\$25.00	\$25.00	UNC	UNC	UNC
• L.P.N.	\$25.00	\$25.00	UNC	UNC	UNC
• A.R.N.P.	\$25.00	\$25.00	UNC	UNC	UNC
• L.N.A.	\$20.00	\$20.00	UNC	UNC	UNC

Note Beginning in 1994, Board of Pharmacy costs included in A R N P fees.

RSA 326-B 4 111. Examine, license, and renew the licenses of duly qualified individuals. The board shall select an appropriate nationally approved licensing examination.

NUMBER OF ACTIVE LICENSEES BY FISCAL YEAR

Note: Total = (*Mid Year Count)

	*1997	1998	1999	2000	2001
• R.N.	16160	16692	17411	17529	17635
• L.P.N.	3168	3023	3022	2988	2943
• A.R.N.P.	631	808	1002	1035	1128
• L.N.A.	9886	10385	10008	9983	10097
Total	29845	30908	31433	31535	31803

LICENSE TRANSACTIONS: LICENSE TYPE TYPE BY FISCAL YEAR

	1997	*1998	1999	2000	2001
• Endorsements					
• R.N./L.P.N.	1062	736	1193	1215	1270
• L.N.A.	413	327	470	384	415
Totals	1475	1063	1663	1599	1685
• Initial License					
• R.N./L.P.N.	721	419	864	714	722
• A.R.N.P.	145	216	302	318	346
• L.N.A.	855	503	895	957	1430
Totals	1721	1138	2061	1989	2498
• Temporary License					
• R.N./L.P.N./A.R.N.P.	731	379	753	809	830
Totals	731	379	753	809	830
• Renewal					
• R.N./L.P.N.	8383	6516	8927	9298	9318
• L.N.A.	1694	1496	3171	3070	3382
Totals	10077	8012	12098	12368	12700
• Reinstatement					
• R.N./L.P.N./A.R.N.P.	629	466	666	705	648
• L.N.A.	293	196	313	325	477
Totals	922	662	979	1030	1125
• Verification					
• R.N./L.P.N./A.R.N.P.	917	745	1198	1121	1272
• L.N.A.	8	7	3	7	104
Totals	925	752	1201	1128	1376
• Duplicate Pocket Card					
• R.N./L.P.N.	96	89	111	133	114
• L.N.A.	59	63	80	89	75
Totals	155	152	191	222	189
• Returned Check					
• R.N./L.P.N./A.R.N.P.	29	18	57	64	65
• L.N.A.	13	5	33	38	51
Totals	42	23	90	102	116
• Administrative Fees					
• R.N./L.P.N./A.R.N.P.	135	84	94	90	83
• L.N.A.	128	111	110	110	142
Totals	263	195	204	200	225
Grand Total	16311	*1276	19240	19447	20744
* Reported to March 30, 1998 Only					

BOARD ACTIVITIES - ANNUAL REPORT -

RS.4236-B:4 ...

- V. Conduct investigations, hearings, and proceedings concerning alleged violations of this chapter or of rules adopted under this chapter.
- VI. Subpoena witnesses, records, and documents, as needed, and administer oaths to those testifying at hearings.
- VII. Determine and enforce appropriate disciplinary action against all individuals found guilty of violating this chapter or the rules adopted under this chapter.

INITIAL BOARD DISCIPLINARY ACTIONS FISCAL YEARS 1997 - 2001 (Note Fiscal Year 7/01 - 6/30)					
	1997	1998	1999	2000	2001
• Reprimand					
• R.N.	6	5	3	11	9
• L.P.N.	5	2	2	3	2
• A.R.N.P.	0	0	1	0	1
• L.N.A.	17	14	8	2	3
Total	29	21	13	17	14
• Suspension					
• R.N.	10	5	6	13	14
• L.P.N.	5	6	0	1	4
• A.R.N.P.	0	1	1	0	1
• L.N.A.	3	10	11	1	2
Total	18	22	17	16	21
• Suspension : Stipulations					
• R.N.	5	9	1	2	4
• L.P.N.	1	0	1	0	0
• A.R.N.P.	0	0	0	0	0
• L.N.A.	3	3	0	0	2
Total	10	12	2	2	6
• Immediate Suspension					
• R.N.	0	0	0	0	0
• L.P.N.	0	1	0	0	0
• A.R.N.P.	0	0	0	0	0
• L.N.A.	00	0	0	1	0
Total	0	1	0	1	0
• Revocation					
• R.N.	1	0	0	0	1
• L.P.N.	1	0	0	0	2
• A.R.N.P.	0	1	0	0	0
• L.N.A.	11	11	7	5	2
Total	13	12	7	5	3
• Voluntary Surrender					
• R.N.	4	3	1	5	2
• L.P.N.	0	1	0	2	2
• A.R.N.P.	0	0	0	1	1
• L.N.A.	2	4	4	0	6
Total	6	8	5	8	11

INITIAL BOARD DISCIPLINARY ACTIONS (Continued) FISCAL YEARS 1997 - 2001 (Note Fiscal Year 7/01 - 6/30)					
	1997	1998	1999	2000	2001
• Reciprocal Actions					
• R.N.	1	0	0	1	0
• L.P.N.	0	0	0	0	0
• A.R.N.P.	0	0	0	0	0
• L.N.A.	0	0	0	0	0
Total	1	1	1	0	0
Total Initial Actions	77	77	45	49	57
ADDITIONAL BOARD DISCIPLINARY ACTIONS FISCAL YEARS 1997 - 2001 (Note Fiscal Year 7/01 - 6/30)					
• Unencumber License					
• R.N.	1	0	1	0	1
• L.P.N.	0	0	0	0	0
• A.R.N.P.	0	0	0	0	0
• L.N.A.	0	0	0	0	0
Total	1	0	1	0	1
• Reinstatement					
• R.N.	0	1	1	2	4
• L.P.N.	0	0	0	0	1
• A.R.N.P.	0	0	0	0	0
• N.A	0	0	0	1	1
Total	0	1	1	3	6
• Reinstatement: Stipulations					
• R.N.	0	1	0	1	4
• L.P.N.	0	0	0	1	2
• A.R.N.P.	0	0	0	0	0
• L.N.A.	0	0	0	0	1
Total	0	1	0	2	7
• Reinstatement: Fee & Fine					
• R.N.	0	0	1	0	0
• L.P.N.	0	0	0	0	0
• A.R.N.P.	0	0	0	0	0
• L.N.A.	0	0	0	0	0
Total	0	0	1	0	0
• Remove Stipulations					
• R.N.	3	0	0	2	4
• L.P.N.	1	0	0	0	0
• A.R.N.P.	0	0	0	0	0
• L.N.A.	0	0	0	0	0
Total	4	0	0	2	4
• Petition Denied	1	0	1	0	0
• License Approved	0	0	0	0	0
• License Denied	1	0	0	0	0
Total Actions	11	4	3	8	18

BOARD ACTIVITIES - ANNUAL REPORT -

RSA 326-B: 4 VIII. Deny or withdraw approval of nursing educational programs that do not meet the minimum requirements of this chapter.

EDUCATIONAL PROGRAM REVIEWS TYPE BY FISCAL YEAR

1997 1998 1999 2000 2001

• Entry R.N. Educational Program:

• Initial Approval	0	0	0	0	0
• Full Approval Continued	7	6	6	6	6
• Full Approval: Monitoring	1	3	3	3	2
• Conditional Approval	1	0	0	0	0
• Interim Reports	0	5	0	0	0
• Program Revisions	4	9	2	11	3

Note: Cyclical Reviews are conducted every five years and Annual Program Reports must be submitted.

1997 1998 1999 2000 2001

• Entry L.N.A.: Educational Program:

• Closed	0	0	0	1	1
• Initial Approval	0	2	0	2	3
• Full Approval	0	0	0	0	0
• Full Approval: Continued	0	0	21	20	20
• Approval: Recommendations and/or conditions	0	0	0	4	4

Note: Cyclical Reviews are conducted every five years and Annual Program Reports must be submitted.

1997 1998 1999 2000 2001

• Entry L.P.N.: Educational Program:

• Initial Approval	0	0	0	0	0
• Full Approval Continued	2	2	2	2	2
• Full Approval: Monitoring	0	0	0	0	0
• Conditional Approval	0	0	0	0	0

Requires Annual Program Reports, five year Full Program Review and Interim Review/Reports as needed.

1997 1998 1999 2000 2001

• L.P.N. I.V. Therapy Course:

• Initial Approval	1	0	0	1	0
• Full Approval Continued	5	6	6	4	5
• Self Closure Acceptance	0	0	2	0	0
• Conditional Approval	0	0	0	0	0

Note: Annual Program Reports are required.

1997 1998 1999 2000 2001

• R.N. Nurse Extern Program:

• Initial Approval	0	0	0	0	3
• Initial Approval Continued	1	1	1	1	1

Note: One and three year cyclical reviews are required and Annual Program Reports must be submitted.

EDUCATIONAL PROGRAM REVIEWS TYPE BY FISCAL YEAR

1997 1998 1999 2000 2001

• R.N. Structured Refresher Course:

• Initial Approval	0	0	0	1	0
• Full Approval Continued	2	2	2	2	3
• Closure: Inactive	0	0	1	0	0

Note: One year on-site and three year cyclical review is required.

BOARD APPROVED EDUCATIONAL (Continued) PROGRAMS & COURSES BY FISCAL YEAR

1997 1998 1999 2000 2001

• L.P.N.: Structured Refresher Course:

• Initial Approval	0	0	0	0	0
• Full Approval Continued	1	1	1	1	1
• Closure: Inactive	1	0	0	0	1

Note: One year on-site and three year cyclical review is required.

NEWLY APPROVED NURSE EDUCATORS/TYPE BY FISCAL YEAR

1997 1998 1999 2000 2001

• L.P.N.: Diploma

• Directors/Chair	20	0	0	0	0
• Full Approval					
Nurse Educators	4	17	3	3	2
• Temporary Approval					
Nurse Educators	0	1	0	0	0
Total	4	18	3	3	2

• R.N.: Associate Degree

• Directors/Chair	0	1	2	2	1
• Nurse Educators	8	44	18	14	9
• Temporary	0	2	4	2	0
Total	8	47	24	18	10

• R.N.: Baccalaureate

• Directors/Chair	0	2	2	2	0
• Nurse Educators	20	32	4	18	13
• Temporary	0	0	0	0	0
Total	20	34	6	20	13

Grand Total 32 99 33 41 25

PRACTICE NEWS

- continued -

Licenses Reported Lost, Stolen or Never Received and Duplicate Licenses Issued (R.N., L.P.N., A.R.N.P., L.N.A.) for the period of 04/01/01 - 9/30/01

Registered Nurses:

Adair, Marlene	037030-2
Allard, Wilfred	041541-2
Bacon, Mary	038972-2
Bailey, Carol	038351-2
Bakyt, Judith	048509-2
Beaudoin, Susanne	017849-2
Berge, Lisa	034726-2
Blanchette, Diane	047387-2
Bossi, Joann	047829-2
Bromfield, Lenora	021426-2
Brown, Pamela	023466-2
Caccavo, Maria	048280-2
Carlson, Virginia	038112-2
Carlson, Wanda	038859-2
Carrier, Kristin	042775-2
Caveney, Alma	048369-2
Chartier, Joanne	022614-2
Creighton, Amy	049089-2
Davis, Sheila	048856-21
Donath, Christel	047440-21
Dresser, Paula	013185-21
Dubois, Carole	041860-21
Ellis-Nailor, Deborah	025321-21
Fernald, Christine	024403-21
Galli, Donna	033119-21
Gaudet, Eleanor	047600-21
Goken, Lelah	016484-21
Gordon, Janice	025469-21
Harrah, Joyce	044506-21
Hayward, Anne	007641-21
Hazell, Patricia	046717-21
Hebert, Renee	039948-21
Hill, Rosemary	048675-21
Hogan, Joan	031772-21
Hrobak, Ann	026518-21
Jane, Shelly	030269-21
Joy, Loretta	048365-21
Leclerc, Michele	037392-21
Kennedy-Stevens, Doreen	018179-21
Lotterhand, John	031521-21
Loughlin, Anneleen	013509-21
Lozeau, Joan	012106-21
Lynch, Julia	048248-21
Marshall, Diane	042592-21
Massey, Gail	045792-21
Mccarron, Ericka	049282-21
McCarthy, Marian	036877-21
Messier, Patricia	038676-21
Montesino, Judelyn	048526-21
Moran, Mary	045731-21
Morgan, Sharon	038124-21
Mottard, Janice	036474-21
Mrozek-Orlowski, Mary	037229-21
Munn, Wendy	028716-21
Neves, Teresa	022733-21
Nigh, Karen	046860-21
Norton, Deborah	048885-21
Obar, Carla	023961-21
Onoroski, Sophie	004729-21

Pelillo, Ingrid	012534-2
Peragallo, Donna	042334-2
Powers, Sharon	021510-2
Rapone, Richard	043893-2
Reagan, Karen	041184-2
Reagan, Mary	047622-2
Ryan, Jo Ellen	027164-2
Ryan, Mary	026304-2
Shay, Suzanne	046654-2
Sheridan, Stephanie	033713-2
Sorensen, Stephanie	032754-2
Stoddard, Julie	038100-2
Straw, Carol	045317-2
Sullivan, Jerra-Marie	032377-2
Tennant, Christine	038885-2
Townsend, Carol	042920-2
Trimbur, Marylu	021338-2
Vaillancourt, Debra	038800-2
Walrath, Colleen	021841-2
Winslow, Jane	014301-2
Wright, Lynne	037276-2
Young, Diane	045193-2
Young, Ellen	035010-2

Licensed Practical Nurses:

Burch, Janet	004793-2
Dubois, Christina	011671-2
Fischer, Susan	006384-2
Fournier, Cheryl	003859-2
Fuchs, Suzanne	012133-2
Henderson, Leanne	011850-2
Leach, Jane	008017-2
Hunt, Dianne	009931-2
Rieck, Patricia	011236-2
Rivard, Elaine	008510-2
Seeley, Jean	007887-2
Semprebon, Roslyn	011946-2
Shepard, Kathryn	011619-2
Simpson, Susan	012131-2
Welch, Cathleen	005763-2
Wells, Katie	012025-2

Advanced Registered Nurse Practitioners:

Bacon, Mary	038972-2
Blight, Victoria	041331-2
Brockberg, Andrea	047146-2
Chamberlain, Donald	036428-2
Mcnamara, L. Miranda	031538-2
Mrozek-Orlowski, Mary	037229-2
Sorensen, Stephanie	032754-2

Licensed Nursing Assistants:

Allard, Rebecca	001197-2
Aponovich, Suzanne	001364-2
Atkinson, Michelle	021823-2
Bernard, Catherine	020086-2
Cadrette, Manique	021570-2
Camire, Heather	019050-2
Charbonneau, Amy	012853-2
Clark, Pamela	018959-2
Close, Teresa	020888-2
Cloutier, Aimee	016707-2
Collier, Elaine	022040-21
Drewry, Deborah	019566-2
Duclos, Laura	020823-2
Earl, Cynthia	001845-2
Eastman, Lauri	019007-2

Emerson, Jamie	018155-24
Farina, Rebecca	017677-24
Forbes, Jennifer	002306-24
Foreman, Nicole	018221-24
Foster, Lori	019471-24
Fuller, Richard	012266-24
Gadwah, Marc	010274-24
Gallo, Andrea	020661-24
Gamer, Jennifer	006194-24
Gibbons, Lorin	017025-24
Glennie, Samantha	015557-24
Hanchett, Stephanie	014009-24
Ingerson, Diane	020821-24
Labelle, Jessica	022175-24
Labelle, Loretta	019133-24
Linaris, Stella	020979-24
Loch, Elaine	000871-24
Malinowski, Sherie	020566-24
Miller, George Jr	022982-24
Mixter, Tammy	005155-24
Morrow, Ruthie	020455-24
Morton, Linda	021588-24
Murray, Noreen	009117-24
Nelson, Linda	005093-24
Nepveu, Nicole	022699-24
Parker, Sage	020289-24
Pelletier, Dawn	013892-24
Piattoni, Gina	019606-24
Poliquin, Jessica	018428-24
Potter, Doreen	004244-24
Raymond, Michele	015415-24
Rockwell, Bradford	000802-24
Smith, Michelle	014026-24
Stafford, Hannah	019907-24
Taylor, Florence	004049-24
Tharpe, Jacob	020918-24
Travers, Kim	003530-24
Vezina, Jennifer	018088-24
Walker, Rosemarie	020330-24
Warren, Alexandra	021870-24
Weeks, Melissa	019322-24
Westbrook, Angela	017790-24
White, Mary	000670-24
Wilcox, Sarah	013076-24
Young, Tracey	018496-24
Zwearcan, Debra	005971-24

The following licenses are INVALID: The check received for payment was returned; The licensee was notified of the returned check.

Registered Nurse:

Lum, Sharon	049064-21
McLellan, Diane	034165-21
Simons, Magda	037586-21
White, Shannon	037586-21

Licensed Nursing Assistant

Cobb, Jessica	015219-24
Knipping, Sherilyn	009513-24
Letourneau, Eileen	020052-24
Miner, Jill	022915-24
Philibert, Darlene	017767-24
Smith, Jaime	018537-24

Disciplinary Action:

Pursuant to **RSA 326-B:12 V**: Every individual, agency, facility, institution or organization that employs nurses within the state shall report to the Board within 30 days any alleged violations of the Nurse Practice Act (RSA 326-B:12, RSA 326-B:15 and Nur 215.01). (Bold Added). Violations specific to the Board actions reported below are cited in RSA 326-B:12II, Nur 215.01 (b) and Nur 215.01 (d) (1) (2).

RSA 326-B:12 Disciplinary Action

II. Misconduct sufficient to support disciplinary proceedings under this section shall include:

- (a) The practice of fraud or deceit in procuring or attempting to procure a license to practice nursing;
- (b) Conviction of a felony or any offense involving moral turpitude;
- (c) Dishonest or unprofessional conduct including but not limited to intentionally harming, abusing or exploiting a patient, defrauding or harming the public in matters related to the practice of nursing, willfully failing to maintain accurate and complete nursing records, acts of omission or commission when practicing nursing as set forth in rules adopted by the Board pursuant to RSA 541-A, and violating disciplinary orders or settlement agreements approved by the Board; [Amended 1991, 361:1, eff. July 1, 1991].
- (d) Gross or repeated negligence when practicing nursing activities ancillary to the practice of nursing, or any particular aspect or specialty thereof, or an established behavior pattern which is incompatible with the basic knowledge and competence expected of persons licensed to practice nursing or any particular aspect or specialty thereof; [Amended 1991, 361:1, eff. July 1, 1991].
- (e) Addiction to or abuse of alcohol or other habit-forming drugs or substances which render the licensee unfit to practice nursing; [Amended 1991, 361:1, eff. July 1, 1991].
- (f) Willful or repeated violations of any provision of this chapter; any substantive rule adopted by the Board pursuant to RSA 541-A, or any other state or federal statute or substantive rule applicable to the practice of nursing. [Amended 1991, eff. July 1, 1991].

In addition to RSA 326-B:12, the following shall also be considered acts of misconduct or dishonesty for persons licensed under RSA 326-B.

Nur 215.01(b)

- (1) Accepting a nursing or nursing-related assignment when the licensee knows or has reason to know he or she is unqualified to perform the assignments;
- (2) Leaving an assignment without notifying the appropriate authority, whereby such departure endangers the health, safety and welfare of those individuals entrusted to the licensee's care;
- (3) Violating care recipients' rights, confidentiality, privacy, or records;
- (4) Practicing in a manner that discriminates on the basis of age, race, sex, handicap, national origin, sexual orientation, nature of illness or health status, physical or mental infirmity;
- (5) Misappropriating human or material resources;
- (6) Physical, mental and/or verbal abuse, battery, exploitation, harassment, or neglect of individuals;
- (7) Receiving, or agreeing to receive, fees or other considerations for influencing the care, activities or records of individuals;

- (8) Failure to maintain standards of practice or education pursuant to RSA 326-B:2, XIX;
- (9) Claiming as their own another's license pocket-card, or allowing others to use a license card not their own;
- (10) Administering therapeutic agents, treatments or activities, or recording of same, in an inaccurate or negligent manner;
- (11) Failure to record or report patient care data, or falsifying or altering records;
- (12) Failure to take appropriate action to safeguard individuals from incompetent health-care, nursing practices, nursing-providers, ancillary personnel or others involved with care-recipients;
- (13) Performing nursing activities or interventions, or providing nursing-related activities beyond the authorized scope of practice;
- (14) Practicing without a current license, or altering a license pocket-card by changing dates, numbers, or any information appearing on a license pocket-card;
- (15) Falsifying any information requested by the Board.

Nur 215.01(d)

- (1) Delegating activities to individuals when the licensee knows or has reason to know that the individual(s) is not qualified to perform the delegated activity; and
- (2) Failure of licensee to supervise individuals or groups required to practice nursing or provide nursing-related activities under supervision.

Related Definitions:

Probation: is the imposition of conditions or restrictions on the authority to practice nursing or nursing-related activities.

Revocation: means the termination of the authority to practice nursing or provide nursing-related activities following disciplinary action (Nur 10 1.48). New see Annulment of Reprimand on the bottom of this page and continuing on page 9.

Suspension with Stay: means the arresting of a suspension order to allow a licensee to practice nursing or provide nursing-related activities under specific stipulations (Nur 10 1.51).

Suspension: means the withholding of the authority to practice nursing or provide nursing-related activities for a specified period of time following disciplinary action (Nur 10 1.53).

Reinstatement: means the reactivation of a license to practice nursing or provide nursing-related activities for a specified period of time following disciplinary action (Nur 10 1.53).

Reprimand: means a disciplinary action taken against a license, noted on the individual record, that does not affect the individuals ability to practice nursing or provide nursing-related activities.

Voluntary Surrender: a license may be surrendered at any time; however, the surrender does not preclude any board investigation or action (Nur 216.01 (a) (b)). When surrendered the licensee no longer has the rights or privileges associated with the license and cannot practice nursing or provide nursing-related activities.

Annulment of Reprimand

If a licensee has received a reprimand for misconduct Nur 217.01 provides a process for requesting an annulment. The rule also provides that the Board cannot take any action on a petition for annulment of a reprimand if the reprimand was based on abuse, theft or criminal activity. If a reprimand is annulled it is as though no discipline has occurred. However, the Board must provide information regarding the reprimand and annulment to New Hampshire law enforcement and to other states agencies investi-

PRACTICE NEWS

- continued -

gating the licensee's nursing practice or in the case of nursing assistants, nursing related activities. Essentially the licensee "petitions" the Board. As in all petitions an annulment can be requested by writing a letter to the Board. See Nur 217.01 (b) for the specific requirements for the content of the petition.

In addition to those requirements there are several points that should be carefully considered before a licensee requests annulment since Nur 217.17 (d) provides that if the petition is denied by the Board the licensee cannot request annulment again for at least 3 years. First the rule provides that an annulment can be requested "Following a period of absence from misconduct". In determining how long one should wait before petitioning the Board a licensee should consider whether the time period has allowed the accumulation of sufficient data to persuade the Board that the "period of absence from misconduct" has been long enough to indicate a pattern of consistently good performance. In most cases the time period that would be reasonably adequate is at least six months although the longer the period of good

conduct the more persuasive is the licensee's assertion that the reprimand should be annulled.

Additionally it is very important to ensure that one will be able to secure positive written documentation to support the petition. Persuasive documentation would include an evaluation from all employees since the reprimand was issued and at least two other references from other professionals or colleagues generally addressing the subject matter that was the basis for the reprimand.

Note: Listed below is the finalized disciplinary actions. Please carefully review the names and license numbers. The type of license is identified by the license a specific code:

- A license that ends in 21 is an R.N.
- A license that ends in 22 is an L.P.N.
- A license that ends in 24 is a L.N.A. and
- A license that ends in 23 is an A.R.N.P. The added extension to the 23, indicated the A.R.N.P. category.

Disciplinary Action: March 15, 2001 - September 30, 2001

RN, L.P.N., A.R.N.P., L.N.A.

NAME	LICENSE #	ACTION	Date / Length	Violation/Statute (RSA) & Administrative Rule	City/State of
NUR) Reference	Last Employer				
Bigelow, Susan	048223-21	Suspend/stay for sole purpose of Re-entry	3/15/01 Re-Entry	RSA 326-B:12 II (d), Nur 215.01 (b)(10)	Laconia, NH
Cook, Elizabeth D	029915-21	Reinstated with stipulations.	3/15/01 1 Yr.	N/A	Portsmouth, NH
Corrow, Christine	031223-21	Suspended	3/15/01 Indef.	RSA 326-B:12-a, Nur213.01 (a)	Littleton, NH
Hadley, Irene	002370-22	Reprimand	3/15/01 N/A	RSA 326-B:12 II (c), Nur 215.01 (b) (10) RSA 326-B:12 II (c), Nur215.01 (b)(8) Nur 215.01(b) (10) Nur 215.01 (b)(11)	Milford, NH
Bogardus, Jiselle	010462-22	Reprimand	4/19/01 N/A	Nur 215.01 (b)(13)	Manchester, NH
Bums, Janice	043271-21	Reinstated with stipulations.	4/19/01 2 Yrs.	N/A	Lebanon, NH
Dyke, Barbara	018496-21	Suspended	4/19/01 1 Yr.	RSA 326-B:12 (e), Nur 215.01 (b)(5)	Bradford, VT
Joseph, Judith	035708-21	Annuled	4/19/01 N/A	Reprimand Annuled	
Risley (Cotton), Angela	028033-21	Removed	4/19/01 N/A	(Removed all stipulations)	
Avila, Diane	003957-22	Suspended	5/17/01 2 Yrs.	Pursuant to the Consent Decree of November 22, 2000 Section I i	Epsom, NH
Brennan, John F	042061-21	Reprimand	5/17/01 N/A	RSA 326-B:12 II (c), Nur 215.01 (b)(3), Nur 215.01 (b)(8), Nur 215.01 (b)(10), and Nur 215.01 (b)(13)	Lebanon, NH
Cory, Phoebe	002627-22	Reprimand	5/17/01 N/A	RSA 326-B:12 II (c), RSA 326-b:12II (e) , Nur 215.01 (b) (10)	Exeter, NH
Dirubbo, Nancy	022189-23	Annuled	5/17/01 N/A	Reprimand Annuled	
Fitzpatrick, Jennifer	045217-21	Revoked	5/17/01 N/A	RSA 326-B:12-a, Nur 213.01	Wolfeboro, NH
Gilbert, Donald	028589-21	Reprimand	5/17/01 N/A	RSA 326-B:12 II (c), Nur 215.01 (b)(8), Nur215.01 (b)(10), and Nur 215.01 (b)(13)	Colebrook, NH
Hrinchuk-Hurley, Diane	042146-21	Suspended	5/17/01 Yr.	RSA 326-B:12 II (c), RSA 326-B:12 II (e), Nur 215.01 (b) (5)	Manchester, NH
McBournie, Sandra	036697-21	Annuled	5/17/01 N/A	Reprimand Annuled	

PRACTICE NEWS

- continued -

Disciplinary Action: March **15,2001** - September **30,2001**

R.N., L.P.N., A.R.N.P., L.N.A.

NAME	LICENSE #	ACTION	Date / Length Action	Violation/Statute (RSA) & Administrative Rule (NUR) Reference	City/State of Last Employer
Regan, Sheila	040658-21	Suspended	5/17/01 1 Yr.	RSA 326-B:12 II (c), RSA 326-B:12 II (e), Nur 215.01(b) (5)	Nashua, NH
Whalen, Patricia	028952-21	Modified	5/17/01	Stipulations Removed	
Fumess, Patricia	048972-21		6/21/01	Granted an unencumbered RN license	
Gardner, Nyla	036181-21	Annuled	6/21/01 N/A	Reprimand Annuled	
McGowen, Brenda	010315-22	Modified	6/21/01 1 Yr.	Reinstated with Stipulations	
Sherburne, Rebecca	044061-21	Modified	6/21/01 2 Yrs.	Reinstated with Stipulations	
Colby, Cheryl	025411-21	Modified	7/24/01 N/A	Unencumbered	
Burns, Janice	043271-21	Modified	8/16/01 2 Yrs.	Modifications to stipulations (section I.d.)	Lebanon, NH
Daniels, Susan	039720-21	Revoked	8/16/01 N/A	RSA 326-B:12 (c), RSA 326-B:12 II (f), Nur215.01 (b)(8), Nur 215.01 (b)(10), Nur 215.01 (b)(13), Nur 215.01 (b)(15)	
Dickerson, Mary	011960-22	Suspend	8/16/01 1 Yr.	RSA 326-B:12 II (e), Nur 215.01 (b) (5)	Lebanon, NH
Dion, Jami R.	025936-21	Modified	8/16/01 2 Yrs.	Modifications to Stipulations	
Sirois, Brenda J.	032783-21	Modified	8/16/01 2 Yrs.	Reinstated with Stipulations	
Bigelow, Susan	022704-24	Suspended with stipulations	3/15/01	RSA 326-B:12 II (d), Nur 215.01 (b)(10)	Laconia, NH
Stark, Christine	017633-24	Suspended until Petitions Board	3/15/01	RSA 326-B:8-a III, RSA 326-B:12 II (c), RSA 326-B:12 II (d), RSA 326-B:12 II (f), Nur 215.01 (b)(3), Nur 215.01 (b)(6), and RSA 326-B:8-a I	Concord, NH
McClain, Shannondoah	017808-24	*Revocation	3/16/01	Revocation pursuant to RSA 161-B:11 (child support)	
Manfredi, Shelley	014826-24	*Revocation	3/19/01	Revocation pursuant to RSA 161-B:11 (child support)	
Taylor, Deborah	017339-24	Reprimand *	3/22/01 WWL	RSA 326-B:12 (c), Nur 215.01 (b)(14)	Keene, NH
McClain, Shannondoah	017808-24		3/26/01	*Compliance with Legal Order & Support	
Rousseau, Barbara J.	009526-24	Reprimand *	3/27/01 WWL	RSA 326-B:12 (c), Nur 215.01 (b)(14)	Keene, NH
Manfredi, Shelley	014826-24		3/28/01	*Compliance with Legal Order of Support	
Josselyn, Rebecca	014103-24	Revocation	4/19/01 Misap.	RSA 326-B:12 II (b), RSA 326-B:12 II (c) and Nur 215.01 (b)(5)	Manchester, NH
Roberts, Donna	021421-24	Reprimand with limitations and requirements	5/17/01	RSA 326-B:12 II (e), Nur 215.01 (b)(5)	Manchester, NH
Carver, Robert	000627-24	Probation	8/16/01 1 Yr.	RSA 326-B:12 II (c), RSA 326-B:12 II (e)	Epsom, NH
Fifield, Sharon	004225-24	Reprimand with 6 months probation	8/16/01	RSA 326-B:12 II (c), Nur 215.01 (b) (3), Nur 215.01 (b) (6)	Epsom, NH
Houle, Amy	013675-24	Modified	8/16/01 Mis.	License reinstated without stipulations	

Abbreviations: Vol.= Voluntary **WWL** = 2nd Offense = Working without a license **Indef.**= Indefinitely **FM**= Finding of misappropriation
Misap.= Misappropriation.

NOTES FROM THE EXECUTIVE DIRECTOR

...Cynthia Gray, M.B.A., B.S.(n), RN.

One beautiful June morning I was blessed with the company of two three year old toddlers exploring the shores of our lake landscaped with marsh and rocks. These curious, blonde haired, blue eyed innocents engaged in a philosophical argument that seemed so elementary on its surface. Adam was coaching a caterpillar to move in a particular pattern around a rock. Samantha began to explain how that slow crawling creature might soon be a gorgeous, colorful butterfly with wings that would allow it to fly over that rock, soaring to wonderful new heights. Adam was upset. He didn't want the caterpillar to leave the safe, rudimentary ground for these scary new heights that its evolution would allow. The debate went on, Adam certain it was better to stay grounded, Samantha excited to increase the leverage possibilities that flight would bring.

The next day I reflected on their discussion and realized the metaphor of cultivating new graduates and those reentering our work force. These individuals can be likened to the caterpillar—they are able to handle the entry level expected but they need encouragement to move toward increasing their knowledge, skill and judgment i.e. competencies. They need supports, opportunities and mentorships. As we did not "hit the floors" able to function full speed, neither can new grads and others whose skills need reinforcement. Many of us can remember those educators or practice mentors who influenced our individual successful entry into the profession. We all have a Dottie, or a Maureen, Edie or even a Hannah who started nurturing a group of candystripers in the winter of '64—my personal first step. These were yesterday's role models, steeped in solid practice and competence of their day.

Can you be one of those mentors? Do you care enough about your profession and your patients to cultivate those entering the work force? We hear that one-third of people entering nursing will leave within their first five years due to disillusionment and frustration. Can you help to stop that process? Remember that as you teach, others can teach you also making it a synergistic relationship.

Dr. Timothy Porter-O'Grady spoke recently at the National Council of State Boards of Nursing's annual meeting in August. In his discussion he elaborated on the nursing profession and its evolution especially over the last three decades. His concluding remarks were that the door on nursing for the veteran nurse has closed. The problem is, he said, that nurses have not accepted the next obvious step, opening the next door and walking towards the environment of today. Does it feel good? Maybe not. Does it mean we must give up the values of the profession? No, only that we need to refocus how we will do our work. Does it mean moving more authority and autonomy to the patient, care giver and public? Yes.

Mentoring and precepting has not changed from our early days. We need those who are experienced practitioners to urge the caterpillar along its transformation so that they also may fly along with all of you who are perpetuating and molding the nursing profession.

I urge you to formally and informally extend yourselves to be role models, preceptors or mentors. Years later your work and guidance will go on, long after your retirement and good service to the profession.

LEGISLATIVE UPDATE

Legislative Report:

...Margaret Walker, Program Specialist IV

SB: **81** and the Medication Nursing Assistant Task Force

In the Spring 2001 newsletter, the Board's testimony to LSR Senate Bill **81** regarding the Medication Nursing Assistant was printed.

The following is an update: SB **81** is a proposal by the County Nursing Home Assn. to have nursing assistants administer medications after specific educational training.

The legislators chose to wait until House Bill **408** was implemented to see if medication nursing assistant rules would be written that would cover the items outlined in SB **81**. Thus, SB **81** was retained and House Bill **408** proceeded.

A Medication Nursing Assistant Task Force was requested by the Board in December 2000.

On January 24, 2001 the first meeting convened at the Board office with representatives present from the Bureau of Health Facilities, Developmental Services, NH Health Care, AARP, Board of Pharmacy, NH Assn. of Residential Care, NH County

Assn., Homecare Assn., Office of Long Term Care Ombudsman, VA Medical and NH Veterans Home, Acute care, and Nursing Assistant Educators.

The Board welcomed all persons interested in attending these meetings and the group expanded at each subsequent meeting.

Subsequent meetings were held 2/14, 3/14, 4/11 and 5/23/01. In July 2001, the Governor signed HB **408** and the work began on rule writing. Based on input from the Task Force, the Nur 900 rules were drafted.

These rules have been revised based on public comments received at August 2, 2001 public working meeting held at the NH Technical Institute and are being prepared for review by JLCAR (Legal legislative review).

The JLCAR process requires additional public hearings. Further action on SB **81** is expected during this legislative session.

Please check the Board web site for updates on this process. Many thanks to the hard working Medication Task Force committee members for their valuable help with the development of this rule chapter.

EDUCATIONAL UPDATES

BOARD APPROVED: PROGRAM DIRECTORS AND NURSE EDUCATORS

March 23,2001 - September 13,2001

	PROGRAM	NURSING SPECIALITY AREA	APPROVAL DATE
Nurse Educators			
Dianna Scherlin, M.S., R.N.	NH Community Technical College: Claremont • Nashua	Director	August 8,2001
Nurse Educators			
Gloria M. Dionne M.S., A.R.N.P.	New Hampshire Technical Institute	Medical - Surgical	March 23,2001
Mark Charles Hand, M.S., R.N.	Rivier St. Joseph School of Nursing	Medical-Surgical, Mental Health, Adult, Parent Child	July 5,2001
Judith Mitchell, M.S., A.R.N.P.	St. Anselm College	Pediatric	August 3,2001
Catherine J. Fogg, M.S., R.N.	St. Anselm College	Adult	August 3,2001
Dawn Spann-Weitz, M.S., A.R.N.P.	Colby Sawyer College	Mental Health	August 7,2001
Priscilla Merrill, M.S., A.R.N.P.	University of New Hampshire	Children, Community	August 9,2001
Gail D. Vanark, M.S., R.N.	Rivier St. Joseph School of Nursing	Medical-Surgical; Women's Health	August 13,2001
Mary Ellen Ryan, M.S., A.R.N.P.	University of New Hampshire	Parent-Child	August 13,2001
Jill M. Rockwell, M.S. , R.N.	Colby-Sawyer College	Parent- Child	August 13,2001
Carol Renouf, M.S. , R.N.	University of New Hampshire	Adult	August 23,2001
Christine McMahon, M.S., R.N.	NHCTC: Claremont • Nashua	Adult, Children, Community, Gerontology, Medical-Surgical, Parent-Child, Trauma, Woman's Health	August 28,2001
Elizabeth Brinson, M.S., R.N.	NHCTC: Claremont • Nashua	Adult, , Gerontology, Medical-Surgical, Parent-Child, Trauma, Woman's Health	August 28,2001
Joan S. Jean, M.S., A.R.N.P.	NHTI	Mental Health	August 28,2001
Renee Vebell, M.S., R.N.	Colby-Sawyer College	Community	August 28,2001
Catherine Ganley-Brown, M.S., A.R.N.P.	University of New Hampshire	Mental Health, Women's Health	August 28,2001
Janice Foust, Ph.D., R.N.	University of New Hampshire	Adult	August 29,2001
Ann M. Clark, M.S., R.N.	University of New Hampshire	Community	August 29,2001
Barbarajo Bockenhueter, M.S. , A.R.N.P.	University of New Hampshire	Mental Health	August 29,2001
Melba Thompson, M.S., A.R.N.P.	University of New Hampshire	Adult	August 29,2001
Cheryl Gail Vincent, M.S. , A.R.N.P.	NHCTC: Manchester-Stratham	Medical-Surgical	August 29,2001
Christine McMahon, M.S., R.N.	NH Technical Institute	Adult, Parent-Child, Medical-Surgical, Community	August 29,2001
Joan Huber, M.S., R.N.	Colby-Sawyer	Adult	September 4,2001
Janice Lenehan, M.S., R.N.	Rivier-St. Joseph School of Nursing	Children, Medical-Surgical	September 4,2001
Joseph F. Adamski Jr, M.S. , R.N.	NHTI Lecturer	September 11, 2001	
Ingrid E. Brodin, M.S., R.N.	University of New Hampshire	Adult	September 11,2001
Faye Fitzgerald, M.S., A.R.N.P.	NH Community Technical College: Manchester-Stratham	Medical-Surgical	September 11, 2001
Kyle Hotaling, B.S., R.N.	St. Joseph School of Practical Nursing	Gerontology, Medical-Surgical, Women's Health	September 13,2001

Note: * indicates Temporary Nurse Educator approval. Approval is for a single, 12 month timeframe (Nur 601.11)

EDUCATIONAL UPDATES

- continued -

BOARD APPROVED: Certified Nursing Assistant Instructors

April 1, 2001- September 30, 2001

Instructors	Program	Program Approval Date
Kathleen Grady, R.N.	American Red Cross	04/11/01
Tracy Turcotte, R.N.	American Red Cross	04/18/01
Melissa Cheney, R.N.	Lebanon Center	04/20/01
Cheryl Schaitel, R.N.	Aspire Educational Services	05/15/01
Jane Winslow, R.N.	Aspire Educational Services	05/16/01
Lisa Beaulieu, R.N.	Coos County Nursing Hospital	06/01/01
Shelly Francoeur, R.N.	Coos County Nursing Hospital	06/01/01
Kathy Hassenpflug, R.N.	Aspire Educational Services	06/01/01
Debora Van Deinse, R.N.	Aspire Educational Services	06/01/01
Jennifer Olson, R.N.	Langdon of Dover	06/14/01
Julie Paul, R.N.	H.C.T.A.	06/21/01
Doris Barratt, R.N., A.R.N.P.	Maplewood Cheshire County Nursing Home	06/22/01
Elaine Farnsworth, R.N.	Maplewood Cheshire County Nursing Home	06/22/01
Alice Bury, R.N.	H.C.T.A.	06/29/01
Sally Horan, R.N.	Personal Touch of Portsmouth	07/11/01
Pamela Sparling, R.N.	Personal Touch of Portsmouth	07/11/01
Victoria Pitts, R.N.	American Red Cross	08/15/01
Margaret Francoeur, R.N.	American Red Cross	08/30/01
Rebecca Greenberg, R.N.	Hanover Terrace Healthcare	08/30/01
Ellen Graening, R.N., A.R.N.P.	Med Pro Educational Services	09/13/01
Gisele Zullo, R.N.	I.H.S. - Claremont	09/14/01
Dianna Scherlin, R.N.	N.H. Community Technical College - Claremont	09/26/01

CHANGE OF ADDRESS FORM

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

LICENSE: _____

MAIL TO:

NH Board of Nursing
78 Regional Drive, Bldg. B
PO Box 3898
Concord NH 03302-3898

NEW HAMPSHIRE BOARD OF NURSING

MISSION AND PHILOSOPHY

Mission Statement

The mission/mandate of the New Hampshire Board of Nursing is pursuant to RSA 326-B:1:

I. To safeguard life, health, and the public welfare of the people of this state and in order to protect the people of the state of New Hampshire from the unauthorized, unqualified, and improper application of services by individuals in the practice of nursing, it is necessary that a regulatory authority be established and adequately funded. To further this policy the practice of nursing shall be regulated through the New Hampshire board of nursing, and said board shall have the power to enforce the provisions of this chapter. Any persons who practice or offer to practice nursing or nursing related activities or who represent themselves as registered nurses, licensed practical nurses, or licensed nursing assistants without qualifying under this chapter endanger the public health.

II. Nursing is a dynamic discipline and its practice is continually evolving to include more sophisticated patient care activities. The purpose of this chapter is to provide clear legal authority for functions and procedures that have common acceptance and usage and to recognize the overlapping functions between registered nurses and other licensed health care providers in the delivery of health care services.

Philosophy Statement

(Developed July 2001)

The policy decisions of the NHBON are constantly focused on public safety, health and welfare.

- The NH Board of Nursing is responsive to practice and education environments in the ever changing health care needs of the citizens of the State of New Hampshire.
- Nursing related policies are responsive to the changing health care environment.
- Unnecessary barriers to licensure and practice are removed.
- Public access to nursing care is recognized as essential in policy development.
- The NH Board of Nursing is responsive to other disciplines and collaborates openly and thoughtfully.
- Policy formation is based on valid research, data, and best practice guidelines.
- The NH Board of Nursing, while recognizing the confines of the mandate is responsive to consumers, and will react in a positive, assistive manner at all times. This applies to all staff, Board and Committee members.
- The NH Board of Nursing staff exceeds customer expectations.
- Conflict and complaints are an opportunity for open discussion among all stakeholders.

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